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TITLE: Deployment Family Stress: Child Neglect and Maltreatment in U.S. Army Families

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14. ABSTRACT The purpose of this study is to understand the recently documented increase in rates of child maltreatment and neglect in the US Army. The project employs a three prong research methodology (using clinical chart reviews, survey methodology of key informants, and demographic community analyses) to: 1) facilitate understanding of the phenomenology of Army child neglect, 2) identify child, parent, and family risk and protective factors that contribute to neglect, 3) identify military community contributions to neglect, including deployment, and 4) identify surrounding community factors that may also contribute risk or protection to child neglect behaviors. Key accomplishments for Year 2 of the study include: identification of team leaders to operationalize the data collection for major parts of the study (e.g., set up trips for data collection for clinical record review, on site data collection of key stakeholders, etc.); obtain CITI and other required credentials for off site POCs; develop "Plan of Action" charts to track activities across Prongs; obtained USUHS IRB approval.		
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Introduction

This is the second annual report of the project entitled “*Deployment Family Stress: Child Neglect and Maltreatment in U.S. Army Families*.” The rationale for the study was based on scientific reports indicating a possible connection between the increase in rates of child maltreatment and child neglect in the U.S Army and the increased number of families experiences stress due to combat deployment (e.g., OIF, OEF). The project is designed to: 1) study and describe the phenomenology of Army child neglect, 2) identify child, parent, and family risk and protective factors that contribute to child neglect, 3) identify military community contributions to child neglect, and 4) identify surrounding civilian community factors that may contribute risk or protection to child neglect behaviors.

The study uses a three-pronged, *cross-informing* methodology to collect information at 26 identified Army installation sites. Specifically, the study employs: key informant data collection via questionnaires, clinical record reviews of substantiated child neglect cases, and collection of data of selected characteristics at the community level believed to impact child maltreatment.

Key informant data will be collected from service members, spouses, military service providers, and commanders by means of (1) in-person delivery of the Community Resources Questionnaire conducted at 4 Army installations with particularly high number of substantiated neglect cases during the index period, (2) telephone delivered questionnaires conducted at six additional installations chosen to ensure adequate representation by size of installation, rural/urban, locations (East, West, Midwest), combat / support / training installations and rank distribution, and (3) internet-based questionnaires given to all twenty-six installations identified as meeting criteria for the study.

Clinical record reviews will be conducted at the same four Army installations as the in-person questionnaires. Clinical record reviews will provide data on the characteristics of child neglect incidents that have been substantiated by a multidisciplinary case review committee at each installation.

An examination of military and civilian community resource and characteristics data for all 26 identified installations and their surrounding communities will assist in developing installation profiles of their demographic structure, PERSTEMPO, military function as well as their civilian and military social and resource characteristics. The results of this project will improve understanding of child neglect phenomena within the U.S. Army, clarifying contributing risk and protective factors at multiple levels within the family and community.

This report summarizes the progress made during the second year of the project along each of these three major methodological prongs based on the Schedule of Work (SOW) and the required elements of a CMDRP annual report.

Body

Based on the SOW (in bold) during the first of the year of the study, we:

Program personnel recruitment and hiring:

No new personnel were added to the project.

Organization and Preparation:

Prong A: All four clinical record review site personnel have completed the required CITI training. Letters of support were also obtained from each Point of Contact for the on site community stake holders part of the project. Sites and plans are in place to begin data collection, however we have not obtained final clearances. While final approval of the study IRB was obtained from USUHS on July 19, 2010, as required the IRB was then submitted to Ft. Detrick's Human Research Protection office (HRPO) for their review approval. As of October 1, 2010, we are still waiting for comments about the project to be addressed or for approval.

Prong B: Staff attended a FAP conference in September and had a meeting with the designated POCs for Ft. Bragg, Hood, Drum and Stewart. The study proposal was reviewed and expectations shared. The military chain of command has supported this project by issuing a formal letter of support (ACS Commander). Letters of instruction and details of study participation were developed and shared with our sites.

Plan of action charts were created for internal use to track the prongs and actions (includes activities, responsible parties, start/suspend dates). The electronic version of our questionnaire was developed and pilot tested.

Data collection will commence once IRB approval from Ft. Detrick has been obtained.

Prong C: Planning discussions occurred throughout the year, although the priority was Prong A and B and interactions with the USUHS and Ft. Detrick IRBs.

Finally, "team leaders" were identified to coordinate the activities of Prong A and B such as the planning for the four clinical record review visits and data collection procedures, the telephonic survey administration to 6 sites, planning for the four on- site data sites to collect stakeholder data as well as the administration of the electronic version of the questionnaire to our 26 selected sites.

Site approval and Planning:

Finalized necessary credentialing of site personnel. Maintained contact with personnel through periodic updates. Developed a specific listing of personnel "types" (e.g.,

pediatricians, police officers, FAP personnel, etc.) who would be included in the Prong B questionnaire subject solicitation.

Program Staff training:

No specific training occurred. No new staff were brought into the project. Plans are in place to train Research Assistants on project to assist Team Leaders with specific aspects of the study as described above. Plans are on hold until IRB approval.

Key Research Accomplishments

Research accomplishments have been significantly delayed by the slowness of the IRB approval by the USUHS IRB (which took nearly two years) and now subsequent review by Ft. Detrick has been in progress since July.

Reportable Outcomes

None.

Conclusion

This year we have finalized all aspects of Prong A and B planning and preparation, from credentialing off site partners who will interact with our data; identifying team leaders with specific responsibility for realizing specific data collection processes (e.g., record reviews, telephonic interviews, electronic questionnaires and developing Plan of Action charts to track progress. While we anticipated a fast start on these plans with USUHS IRB approval in July, we have been disappointed with the unexpectedly slow pace of a second level scientific review at Ft. Detrick.

References

None.

Appendices

None.

